HAWAI`I DRUG CONTROL STRATEGY:

A NEW BEGINNING

OFFICE OF THE LIEUTENANT GOVERNOR
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STATE OF HAWAI`I

November 2003

Executive Summary

BACKGROUND

Hawai`i stands at the threshold of historic change—one that will bring an unprecedented commitment of government and the people of Hawai`i together to counteract the harms caused by the use and abuse of illicit drugs and underage drinking in our communities. It is a long-awaited chapter. The *Hawai`i Drug Control Strategy: A New Beginning* signals a fresh start for the people of Hawai`i to take up the challenge and take charge of where we are headed in this struggle.

What we propose is an overarching strategy to coordinate activities and encourage government and communities to work together to mobilize diverse resources and base allocation priorities on critical needs. This Strategy emphasizes coordination, collaboration and linkages among disparate strategies and entities and offers an integrated and cohesive response—one that articulates a clear vision of goals and objectives, that bridges differences and engages individuals and organizations to work in partnership rather than in opposition.

Genesis of a Shared Vision

The Hawai`i Drug Control Strategy Summit was announced in June 2003 to establish an integrated statewide approach to illicit drug use and underage drinking. In preparation, four separate activities served as a prelude to the Summit and compelled participants to begin thinking about the issues prior to the event.

- The centerpiece of these activities was a series of 13 statewide "Talk Story" forums conducted by Lieutenant Governor James R. Aiona, Jr. The purpose of the forums was threefold—to inform communities about the *Hawai`i Drug Control Strategy: A New Beginning*, gather comments, suggestions, and ideas regarding the Strategy and other community concerns, and lastly, to incorporate community wisdom into the strategic planning process at the Summit.
- Secondly, the Lieutenant Governor in collaboration with Mothers Against Drunk Driving, the Coalition for a Drug-Free Hawai`i, and the Department of Health, Alcohol and Drug Abuse Division, held a meeting with youth who represented all four counties and who generated a list of recommendations pertaining to community mobilization, treatment, prevention, and law enforcement.
- A Pre-Summit Survey was also developed to gather participant opinions and recommendations concerning the conceptual framework of the first draft of the Strategy. Questions were posed to gauge participant approval of the Strategy itself and targeted perceptions about systems

improvement, model legislation, funding/financing, and government/community partnerships.

- The fourth Pre-Summit activity involved the development of "*The Resource Guide: The 411 on Drugs and Survival Resources*." The booklet itemized prevention and treatment services in Hawai`i, gave basic information about illicit drugs and alcohol, and discussed symptoms of substance abuse. The guide was distributed to more than 250,000 students and residents throughout the State of Hawai`i.

All of these endeavors served to give focus and voice to the community, and their concerns and counsel are evident in the Strategy that follows.

Overview of Illicit Drug Use and Underage Drinking in Hawai`i

As the State proceeds in developing policy, it is essential that drug use be perceived as a dynamic phenomenon. Patterns of use and types of drugs change rapidly. Several federal and state agencies monitor drug-related and underage drinking data; however, despite a range of data available, significant gaps remain in the knowledge base of drug use and drug-related harm in Hawai`i, especially on the mostly adult population of chronic users.

It is also critical to understand that the vast majority of drug users do not come into contact with law enforcement and the criminal justice system. True incidence and prevalence of drug use is not reflected in the statistics and may be impossible to obtain. Individuals who are arrested or adjudicated for drug-related crimes account for a relatively small percentage of chronic users, and offenses known to police underrepresent the total number of crimes committed.

Key data in this section are categorized under four main areas—illicit drugs, underage drinking, the *2002 Hawai`i Student Alcohol, Tobacco and Other Drug Study*, and treatment.

Approach to the Problem

The illicit drug and underage drinking problem has been the source of numerous and diverse opinions, solutions, and strategies. Regardless, we believe that there is strength in diversity, and strategies need to be multi-faceted and integrated in order to achieve our objectives. The force that draws us together is the unity of purpose that lies at the core of the Hawai`i Drug Control Strategy – the belief that the toll of human suffering and tragedy is far too high.

Applying what we have learned, we believe that the philosophical basis of the Hawai`i Drug Control Strategy would best be served by using a systems thinking approach. Systems thinking offers the means for effective change by bringing together diverse stakeholders and capitalizing on their strengths and assets. This approach links and coordinates drug and alcohol-related strategies, avoids repetition of efforts, and ensures integration, consistency, and sustainability.

As we change our approach to the problem, we need to also revise our views on leadership. Whereas organizations once relied on management-driven initiatives, it is widely recognized that collaborative approaches to develop strategy and resolve problems are more effective. Leadership no longer has to follow prescribed hierarchy or lines of authority. Although government traditionally has set policy, we believe that leadership can arise out of community involvement. Communities can influence their own destiny and thus demonstrate the political will necessary to deal with the drug and alcohol problem. No single entity or strategy is the answer.

By adopting systems thinking, the State can cross customary boundaries to maximize efforts, make the best use of scarce resources, and extend community efforts and alliances to channel the current level of community concerns into action. To endure, we must look at building and sustaining collaborative networks. Partnerships do not imply agreement on everything, but it is important to identify and focus on areas of agreement to move forward.

Priorities for Consideration

Recommendations from the Summit parallel the traditional priority areas of prevention, treatment, and law enforcement; however, we expect that the inclusiveness and wide-ranging process of systems thinking will bring a different perspective that is more multi-dimensional in outlook. We understand the urgency within each of these areas, but strongly advise that they be considered within the context of the whole system. With increasingly fewer resources, formalized mechanisms are not in place to nurture collaborative relationships that would maximize assets among government, communities, and agencies.

We expect that the Strategy will evolve and change over time. An integral part of the plan is its ability to grow and reflect the specific needs of communities. What will remain constant will be its ability to provide clear focus, direction, and common ground for our future endeavors.

STRATEGIC FRAMEWORK

The framework of the *Hawai`i Drug Control Strategy: A New Beginning* is grounded in our primary aim to rise above politics and organizational interests to achieve the greater good. The Strategy proposes a shift in the approach to the illicit drug and alcohol problem in Hawai`i—away from categorical and crisis-oriented to holistic, integrated and comprehensive.

Mission

Our mission is to reduce harm to our community by responding to the unique prevention, treatment, criminal justice, and law enforcement needs associated with drug distribution, illicit drug use and underage drinking. Drawing upon government-community partnerships, the Strategy will reduce the factors that put residents at risk for substance abuse and increase protective factors to safeguard the people of Hawai`i from the negative consequences associated with illicit drug use and underage drinking.

Goals

The goals of the Hawai`i Drug Control Strategy mirror those of the National Drug Control Policy and seek to:

- Prevent illicit drug use and underage drinking before they start.
- Treat drug and alcohol abusers.
- Disrupt the distribution of illicit drugs.

Benchmarks

The Strategy urges the adoption of benchmarks to monitor progress towards achieving our goals. Benchmarks will help us determine effectiveness by ascertaining what works and what does not work and whether the objectives and priorities are being met. Actions should reflect evidence-based practices derived from research and evaluation, including assessment of systems effectiveness. Currently, however, measuring results has proved to be difficult. There is an absence of a comprehensive and integrated data infrastructure, consistent protocols, data reporting methods, and data collection. Logic dictates that a better informed community contributes to informed policy and informed resource allocation.

Guiding Principles

The guiding principles are based on a set of values and ideas that underpin the systems thinking approach. Together, they propose that we:

- View the problem holistically and use a cohesive, multilayered and balanced approach.
- Define problems, make effective decisions, and improve performance.
- Urge closer community involvement.
- Support a diversity of perspectives and opinions throughout the planning and implementation process and capitalize on the strengths of key stakeholders.
- Improve and optimize interconnectedness within the whole system.
- Build and sustain networks of collaboration across established boundaries.
- Tap into the potential of systems to achieve better outcomes.
- Recognize that 'quick fixes' or short-term solutions may have grave consequences.
- Develop process and formative evaluations necessary to determine effectiveness of the strategic framework.
- Advocate exemplary, research-based 'best practices' and evidenced based outcomes.

Recommendations and Compelling Cases for Action from the Hawai`i Drug Control Strategy Summit

Four hundred representatives from prevention, treatment, community mobilization, business, faith-based, legal, mental health, and law enforcement organizations, were invited to attend the Hawai`i Drug Control Strategy Summit held in September 2003. Participants were encouraged to broaden their viewpoints and formulate concrete recommendations.

Eleven recommendations were announced at the closing session of the Summit. Compelling cases for action explained what made each recommendation strategic and identified the consequences of not

acting on the recommendation. The recommendations were categorized along seven themes—community, coordinated efforts, multi-sector collaboration, centralized body, treatment philosophy, treatment access, and legal changes.

TOWARDS A NEW BEGINNING

The action planning process acknowledges that illicit drug use is a complex issue. We advocate that systems addressing illicit drug use and underage drinking incorporate the guiding principles and build on community assets to resolve problems.

Ad hoc advisory committees will be convened to undertake the planning process. Planning will encompass nine action steps and take place over the course of the next year. These steps are:

Action Step 1
Clarify the vision—Establish a clear vision, mission, goals, and benchmarks that are compelling for everyone; otherwise, improvements will only be temporary and incomplete.

Action Step 2
Create a transition plan—Explore what steps are necessary to achieve the vision and establish a timeframe.

Action Step 3
Identify underlying problems—Instead of taking a narrow view of the immediate problem or crisis, recognize the interrelatedness of the issues and the dynamics surrounding the problem.

Action Step 4
Map 'quick fixes'—Identify previous interventions and strategies that have been used to tackle the problem and determine whether they were appropriate and adequate.

Action Step 5
Identify impact on others—Recognize how various actions, strategies, and solutions may have unintended consequences and may impact others differently.

Action Step 6
Identify solutions—Find solutions that will fundamentally address the problem(s) by looking at the situation from a systemic perspective.

Action Step 7
Develop a centralized data collection system—Design an appropriate data information system to disseminate findings and develop priorities for funding.

Action Step 8
Link resource allocation to measurable outcomes—Base resource allocation on consistent, standardized measurable outcomes to improve accountability.

Action Step 9
Draft an action plan—Finalize an action plan in accordance with the planning process.

Coordinating the Action Planning Process

The Strategy proposes a new type of organizational structure that gets to the heart of the problems associated with illicit drug use and underage drinking. Under the leadership of the Lieutenant Governor, this structure would consist of several ad hoc advisory committees to facilitate the action planning process.

The difference between this organization and the norm is the principle of widespread community participation. For instance, the first task of the ad hoc advisory committees will be to focus on and refine the eleven recommendations that emerged from the Hawai`i Drug Control Strategy Summit. Their direction and focus is the result of the concerns and work of the Summit participants, and their course of action will equally be influenced by community input.

It will require renewed collaborative energy so that all stakeholders share the responsibility for addressing the problem and reaping the benefits of change. Every effort must be made to involve as many people as possible in the change process itself—the more people committed to the approach, the greater chance of success. Government needs to alter its management style, from top-down planning to grass-roots involvement, thereby enabling families and communities to be an integral part of developing strategies to reduce illicit drug use and underage drinking in Hawai`i.

ACKNOWLEDGMENTS

Many individuals were integral to the development of the *Hawai`i Drug Control Strategy: A New Beginning*. We must acknowledge the youth, adults, families, and community representatives who participated in the 'Talk Story" forums and became our teachers. We owe a debt of gratitude to all those in recovery from illicit drug use and alcohol abuse, who so generously shared their stories, and the many volunteers who tirelessly gave of their time. Moreover, support staff demonstrated extraordinary endurance and commitment during these past months. To all of you, we give our heartfelt thanks.

The collaboration and cooperation from business and community leaders, private and non-profit agencies, government and military entities, as well as individuals and families have been monumental. In particular, the Hawai`i Drug Control Strategy working group was instrumental throughout the entire planning process. Members of the working group were affiliated with: Ad Works, Aloha United Way, Aloha United Way - 211, Chevron, Coalition for Drug-Free Hawai`i, Department of Accounting and General Services – Information and Communication Services Division, Hawai`i Community Services Council, Hawai`i National Guard – Drug Demand Reduction Program, Department of the Attorney General, Department of Business and Economic Development, Department of Education, Department of Health, Department of Human Services, Department of Public Safety, the Judiciary, Hina Mauka Recovery Services, Office of the Governor, Office of the Lieutenant Governor, Partnership for a Drug-Free Hawai`i, PR Works, Sassy/G Magazine, Support Unlimited LLC, United States Department of Health and Human Services - Substance Abuse and Mental Health Administration, and Weed and Seed.

We also appreciate the assistance of CP Advertising, Mothers Against Drunk Driving, Office of the United States Attorney, Okamoto Consulting Group, United States Office of National Drug Control Policy – High Intensity Drug Trafficking Area, Queen Liliu`okalani Children's Center, and Ward Research Incorporated. Without everyone's support, we never would have finished this task.

The development of this document was funded by the Center for Substance Abuse Treatment (CSAT) in connection with CSAT's "State Health Care Reform Technical Assistance, and Knowledge Synthesis and Dissemination Project" (Contract No. 270-00-7071). The opinions expressed herein are the views of the authors and do not necessarily reflect the official position of CSAT or any any other part of the U.S. Department of Health and Human Services.

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All individuals, families, and communities are entitled to lives free from fear and the tyranny imposed by the culture of illegal drugs and drug-related crime. As a state, we have seen firsthand the damage done and the devastation and destruction that lie in the wake of illicit drug use and underage drinking. At the same time, we have witnessed mounting community concern regarding the inadequacies of the present system and heard the statewide chorus calling for action.

In the past, the issue of illicit drugs and setting policy has been assigned to professionals in health, law enforcement, and criminal justice. We believe that this hierarchical environment has been a major flaw of previous initiatives because of the basic failure to involve the entire community. In addition, efficient coordination among agencies and organizations that address drugs and alcohol has been lacking. Frequently, different funding sources, distinct missions, and divergent and sometimes conflicting aims mark illicit drug initiatives. The fragmentation of services, redundancy, and duplication of efforts further complicate this matter.

Therefore, what we propose is an overarching strategy to coordinate activities and encourage government and communities to work together to mobilize diverse resources and base allocation priorities on critical needs. This Strategy emphasizes coordination, collaboration and linkages among disparate strategies and entities and offers an integrated and cohesive response—one that articulates a clear vision of goals and objectives, that bridges differences and engages individuals and organizations to work in partnership rather than in opposition.

The opportunity and the challenge are here in front of us. It is the right time and the right place.

GENESIS OF A SHARED VISION

The Hawai`i Drug Control Strategy Summit was announced in June 2003 to establish an integrated statewide approach to illicit drug use and underage drinking. By convening the Summit, the Office of the Lieutenant Governor hoped to foster opportunities for discussion and debate among individuals who share common interests and concerns and gain a broader consensus on the urgent issues confronting everyone throughout the State.

In preparation, four separate activities served as a prelude to the Summit and compelled participants to begin thinking about the issues prior to the event.

The centerpiece of these activities was a series of 13 statewide "Talk Story" forums conducted by Lieutenant Governor James R. Aiona, Jr.[2] The purpose of the forums was threefold—to inform communities about the *Hawai`i Drug Control Strategy: A New Beginning*, gather comments, suggestions, and ideas regarding the Strategy and other community concerns, and lastly, to incorporate community wisdom into the strategic planning process at the Summit. Community members in attendance were given surveys to assess how drug problems and underage drinking affected each community, what sort of resources were required, and what individuals could contribute to alleviate the problem. Question forms were also distributed and were submitted to the Lieutenant Governor for comment. For those who were unable to attend the forums, an interactive website was made available where individuals could post additional comments.

Secondly, the Lieutenant Governor in collaboration with Mothers Against Drunk Driving, the Coalition for a Drug-Free Hawai`i, and the Department of Health, Alcohol and Drug Abuse Division, held a meeting on September 6, 2003 with youth who represented all four counties. These youth then generated a list of recommendations pertaining to community mobilization, treatment, prevention, and law enforcement.

A Pre-Summit Survey was also developed to gather participant opinions and recommendations concerning the conceptual framework of the first draft, a working document, of the Strategy. Questions were posed to gauge participant approval of the Strategy itself and targeted perceptions about systems improvement, model legislation, funding/financing, and government/community partnerships. Answers to the survey were to be used to prioritize issues and act as a guide for work groups at scheduled breakout sessions at the Summit.

The fourth Pre-Summit activity involved the development of "*The Resource Guide: The 411 on Drugs and Survival Resources*." The booklet itemized prevention and treatment services in Hawaii, gave basic information about illicit drugs and alcohol, and discussed symptoms of substance abuse. The guide was distributed to more than 250,000 students and residents throughout the State of Hawai`i.

All of these endeavors served to give focus and voice to the community, and their concerns and counsel are evident in the Strategy that follows.

Overview of Illicit Drug Use and Underage Drinking in Hawai`i

NATURE AND EXTENT OF THE PROBLEM

The issue of substance use and abuse is a serious public health concern facing Hawai`i. The economic and societal costs of substance abuse to youth, families, neighborhoods, and the greater community are enormous. Besides intangible social costs, such as damage to the family and other relationships, the economic costs associated with harmful drug use, including prevention, treatment, loss of productivity in the workplace, property crime, accidents and law enforcement activities are staggering. Drug use in the workplace puts both the user and others in the workplace at risk for illness and injury and increases the associated economic costs of medical and sickness payments, compensation, and staff turnover.

In addition, violence and crime are recognized as frequent byproducts of illicit drug use. Methamphetamine, especially, has been linked to violent crimes in Hawai`i, including an alarming number of domestic crimes ranging from child neglect to homicide.

As the State proceeds in developing policy, it is essential that drug use be perceived as a dynamic phenomenon. Patterns of use and types of drugs change rapidly. Several federal and state agencies monitor drug-related and underage drinking data; however, despite a range of data available, significant gaps remain in the knowledge base of drug use and drug-related harm in Hawai`i. The Hawai`i Student Alcohol, Tobacco, and Other Drug Use Study and the Youth Risk Behavior Survey collects data biennially on thousands of public and private school students statewide. Law enforcement, criminal justice, and treatment providers maintain their own extensive records; however, the State lacks information on the mostly adult population of chronic users. The last household survey of substance abuse and treatment needs among the resident adult population in Hawai`i was conducted in 1998. Without adequate data and an understanding of the needs and characteristics of this segment of the population, a comprehensive, integrated strategy cannot be fully realized.

It is also critical to understand that the vast majority of drug users do not come into contact with law enforcement and the criminal justice system. True incidence and prevalence of drug use is not reflected in the statistics and may be impossible to

obtain. Individuals who are arrested or adjudicated for drug-related crimes account for a relatively small percentage of chronic users, and offenses known to police underrepresent the total number of crimes committed.

Despite the cautions listed above, this section briefly outlines the nature and extent of illicit drug use and underage drinking as we now understand. The information provided is not exhaustive, but offers a snapshot of the larger picture.

Illicit Drugs[3]

According to the *2003 Hawai`i High Intensity Drug Trafficking Area (HIDTA) Drug Threat Assessment,* the availability and abuse of crystal methamphetamine and high-potency marijuana are the most serious drug threats to Hawai`i.

► Methamphetamine

Methamphetamine, particularly high-purity crystal methamphetamine, also known as "ice," poses the most significant drug threat to Hawai`i.

- Honolulu had the highest percentage of adult arrestees who tested positive for methamphetamine among cities reporting to the Arrestee Drug Abuse Monitoring (ADAM) program in 2000. Nearly 36% of adult male arrestees tested positive for methamphetamine use in 2000.
- Methamphetamine abusers tend to be violent and can endanger themselves and those around them. As the euphoric effects of methamphetamine begin to diminish, abusers enter a stage called "tweaking" in which they are prone to violence, delusions, and paranoia. Many abusers try to buffer the effects of the methamphetamine "crash" with other drugs such as cocaine or heroin. These effects, in combination with severe sleep deprivation, can result in unpredictable and uncontrollable behavior.
- Methamphetamine was a factor in more drug-related deaths in Hawai`i than any other drug in 2001. According to the Honolulu Medical Examiners office, methamphetamine was a factor in 27 deaths in 1998, 34 in 1999, 35 in 2000, and 54 in 2001.
- In Hawai`i, the percentage of methamphetamine-related federal sentences was higher than the national average, and the number of such sentences was higher than for any other drug in the state in FY2000. According to United States Sentencing Commission (USSC) data, over 44.6% of drug-related federal sentences in Hawai`i in FY2000 were methamphetamine-related, compared with the national average of 14.5%.

► Marijuana

Marijuana is the second most significant drug threat to the state due to the fact that it is widely available and commonly abused in Hawai`i, especially among teenagers.

- According to a Center for Substance Abuse Treatment survey, lifetime use of marijuana by adult Hawai`i resident respondents increased from 28.9% in 1991 to 38.1% in 1998; however, according to the Honolulu Police Department (HPD), the number of marijuana-related arrests significantly

decreased overall from 157 in 1999 to 145 in 2000 and 75 in 2001.

- Most marijuana available in Hawai`i is grown locally. The state consistently ranks among the top five states in the number of cannabis plants eradicated.
- ADAM data indicate that more than 30% of adult male arrestees in Honolulu tested positive for marijuana use in 2000.
- The number of marijuana-related deaths has more than doubled from 1998 through 2001. According to the Honolulu Medical Examiners Office, marijuana was a factor in 15 deaths in 1998, 21 in 1999, 25 in 2000, and 36 in 2001.
- The percentage of marijuana-related federal sentences in Hawai`i was approximately one-fourth of the national average in FY2000. According to USSC data, 8.1% of drug-related federal sentences in Hawai`i in FY2000 were marijuana-related, compared with the national average of 31.2%. The number of marijuana-related federal sentences in Hawai`i was last to any illegal drug each year from FY1997 through FY2000.
- There are no reported occurrences of violence associated with marijuana distribution and abuse in Hawai`i; however, marijuana-related violence in Hawai`i is associated with the protection of cannabis plots.

► Cocaine

The abuse of cocaine, particularly crack, is decreasing in Hawai`i, but remains a threat to the state.

- In 2000, ADAM data indicate that nearly 16% of adult male arrestees tested positive for cocaine use.
- According to the Honolulu Medical Examiners Office, cocaine was a factor in 29 deaths in 1998, 24 in 1999, 22 in 2000, and 24 in 2001.
- While powdered and crack cocaine availability may be decreasing, sufficient quantities of both are available to meet user demand in Hawai`i. Investigative data indicate that cocaine availability has decreased significantly on O`ahu and, to a lesser extent, on the other islands in the state.
- According to HPD, the number of cocaine-related arrests decreased from 407 in 1999 to 192 in 2000 and 100 in 2001. This significant decrease in the number of cocaine-related arrests possibly indicates a change in preference from cocaine to crystal methamphetamine.
- The number of powdered and crack cocaine-related federal drug sentences in Hawai`i fluctuated widely between FY1996 and FY2000. According to USSC data, Hawai`i's powdered and crack cocaine-related federal sentences ranged from 27 in FY1996 to a peak of 73 in FY1999 to 52 in FY2000. Additionally, 35.1% of all federal drug-related sentences in Hawai`i were powdered and crack cocaine-related in FY2000, compared with 44.2% nationwide.

► Heroin

Heroin availability, distribution, and abuse continue to present a threat to Hawai`i. Treatment data and widespread availability indicate that heroin abuse continues to increase. Mexican black tar is the most common type of heroin available in the state, while the availability of Southeast Asian heroin is very limited.

- ADAM data indicate that nearly 7% of adult male arrestees tested positive for heroin use in 2000.
- According to the Honolulu Medical Examiners Office, the number of heroin-related deaths have decreased overall in Hawai`i from 1998 to 2001. Heroin was a factor in 19 deaths in 1998, 19 in 1999, 14 in 2000, and 16 in 2001.
- The number of drug-related arrests associated with heroin abuse have significantly decreased in Hawai`i from 1999 to 2001. According to HPD, the number of heroin-related arrests decreased from 73 in 1999 to 51 in 2000 and 38 in 2001.
- According to USSC data, the number of heroin-related federal drug sentences in Hawai`i fluctuated between FY1996 and FY2000, ranging from 9 heroin-related federal sentences in FY1996 to 15 in FY2000. Additionally, 10.1% of all federal drug-related sentences in Hawai`i were heroin-related in FY2000, compared with 7.7% nationwide.

► Other Dangerous Drugs

The other dangerous drugs (ODDs) category includes club drugs and illegally diverted pharmaceuticals. Currently, the threat posed by club drugs such as GHB (gamma-hydroxybutyrate), LSD (lysergic acid diethylamide), and MDMA (3,4-methylenedioxymethamphetamine) is limited. However, MDMA use (also know as Ecstasy, XTC, E, X, and Adam) is increasing in Hawai`i. Typically, club drugs are used primarily by teens and young adults at all-night dance parties called raves. The abuse of diverted pharmaceuticals such as OxyContin is increasing in Hawai`i. There were 19 OxyContin deaths in 2001 compared with 6 in 2000, 3 in 1999, and 3 in 1998.

Underage Drinking

Alcohol is the most commonly used drug among the Nation's youth, surpassing tobacco and illicit drugs.[4] In addition, alcohol and tobacco are generally tried earlier than other drugs and are significant predictors of subsequent drug use. Age of onset for alcohol and tobacco use strongly correlates with use of every illicit drug surveyed, the total number of different drugs tried, amount of marijuana use, and substance abuse.[5]

Table 1. Underage Drinking, Selected Indicators for Hawai`i 6th, 8th, 10th, and 12th Graders, 2002

[In percentages]

SUBSTANCE	2002	POINTS OF INTEREST
Lifetime prevalence[6]		
6th grade	20.0	• Lifetime prevalence for use of any alcohol (beer, wine, or hard liquor) remained relatively unchanged from 1989 to 1998 for students in the upper grades. A substantial decrease occurred in 2000 across all grades and continued in 2002. (see Table 2)
8th grade	42.5	
10th grade	64.7	
12th grade	75.4	
		• Nationwide lifetime prevalence reports of alcohol use have also been on a downward trajectory, but remain slightly higher than Hawaii prevalence reports. (see Table 5)
Monthly prevalence[7]		
6th grade	7.8	• Monthly alcohol prevalence reports peaked in 1996 and started on a downward trajectory in 1998. In 2002, monthly alcohol prevalence reports decreased only in grades 6 and 8, were up by 1 percentage point in grade 10, and remained unchanged in grade 12. Reports of monthly alcohol use in 2002 remain substantially lower than 1996 and 1998 reports. (see Table 3)
8th grade	20.4	
10th grade	33.9	
12th grade	43.0	
Daily prevalence[8]		
6th grade	0.5	• Hawai`i reports of daily alcohol use in grades 8 and 10 are slightly higher than nationwide reports in the same grades; however, 12th grade reports of daily alcohol use in Hawai`i are similar to 12th grade reports nationwide. Reports of daily alcohol use in 2002 are similar to reports in 2000. (see Tables 4 and 5)
8th grade	1.8	
10th grade	2.5	
12th grade	3.3	
Reports of drunkenness		
6th grade	3.3	• Reports of drunkenness decreased at all grade levels in 2000 but leveled off in 2002. In 2002, nearly one fifth of the 8th graders, more than one third of the 10th graders, and half of the seniors reported getting drunk at least once in their lifetimes. (see Table 2)
8th grade	17.1	
10th grade	37.8	
12th grade	53.5	
		• Nationwide reports of drunkenness decreased in 2002 but remain higher than Hawai`i reports. (see Table 5)
Treatment needs[9]		
6th grade	0.6	• Treatment needs are higher for alcohol abuse than for any other substance.
8th grade	4.0	
10th grade	10.9	
12th grade	16.3	
Age of onset		• Onset of alcohol use occurs by the age of 10 for at least 1 out of 10 students. The peak age of alcohol initiation varies by grade level reporting, but is typically around 9 years of age, with another large set of students reporting that they first tried alcohol between the ages of 14 and 15. The majority of students who drink report that more serious alcohol abuse (getting drunk) occurs between the ages of 15 and 16, with 1 out of 10 students reporting that they had been drunk by the age of 13.

Source: *Ka Leo Na Keiki, The 2002 Hawai`i Student Alcohol, Tobacco and Other Drug Use Study (1987-2002) Hawai`i Adolescent Prevention and Treatment Needs Assessment Executive Summary* (2003), Tables 1-5.

2002 Hawai`i Student Alcohol, Tobacco and Other Drug Use Study

The following selected information furnishes a glimpse of the most current information on 27,995 students from 181 Hawai`i public and 34 private schools statewide.

Table 2. Lifetime Prevalence of Various Substances for Hawai`i 6th, 8th, 10th, and 12th Graders: 1993 to 2002

[In percentages]

SUBSTANCE	1993	1996	1998	2000	2002
Any illicit drug, including inhalants*					
6th grade	12.4	13.4	13.7	8.3	9.5
8th grade	27.3	29.6	26.3	23.3	22.0
10th grade	38.7	41.3	42.9	36.9	40.4
12th grade	42.0	47.7	50.3	48.4	49.4
Any illicit drug, excluding inhalants*					
6th grade	--	6.4	6.6	4.2	5.2
8th grade	--	23.0	20.9	18.5	18.2
10th grade	--	37.8	40.7	35.2	38.6
12th grade	--	45.9	48.9	47.8	48.5
Marijuana					
6th grade	2.4	5.1	4.9	2.4	2.6
8th grade	16.7	21.5	19.2	15.9	15.9
10th grade	31.4	36.5	39.2	33.2	35.8
12th grade	37.1	44.7	47.7	45.8	46.2
Methamphetamine					
6th grade	1.3	1.4	1.8	0.5	0.4
8th grade	4.9	4.4	4.6	2.3	2.0
10th grade	7.8	5.9	6.7	4.5	4.2
12th grade	8.4	7.5	7.7	5.8	5.3
Cocaine					
6th grade	1.0	1.9	2.0	0.4	0.4
8th grade	4.0	5.3	4.2	2.2	2.1
10th grade	7.2	5.8	5.3	3.5	3.1
12th grade	8.2	7.9	6.0	5.8	4.5
Heroin or other opiates					
6th grade	0.8	1.3	1.4	0.2	0.3
8th grade	2.7	3.4	2.7	1.2	1.0
10th grade	4.1	1.9	2.3	1.3	1.3
12th grade	5.1	2.7	2.0	1.8	1.4
Any alcohol use					
6th grade	34.9	29.8	31.6	24.2	20.0
8th grade	57.4	54.0	52.6	49.2	42.5
10th grade	73.3	73.4	72.3	67.1	64.7
12th grade	79.2	79.7	81.2	77.2	75.4

* Includes use of marijuana, inhalants, cocaine, methamphetamine, heroin or other opiates, sedatives or tranquilizers, hallucinogens, steroids, ecstasy/MDMA, GHB, Rohypnol, or ketamine. Ecstasy was first added to the survey in 1998. GHB, Rohypnol, and ketamine were first added to the survey in 2002.

Source: *Ka Leo Na Keiki, The 2002 Hawai`i Student Alcohol, Tobacco and Other Drug Use Study (1987-2002) Hawai`i Adolescent Prevention and Treatment Needs Assessment Executive Summary* (2003), Table 1.

Table 3. Monthly (30-Day) Prevalence of Various Substances for Hawai`i 6th, 8th, 10th, and 12th Graders: 1993 to 2002

[In percentages.]

SUBSTANCE	1993	1996	1998	2000	2002
Any illicit drug, including inhalants*					
6th grade	2.1	7.7	6.7	4.2	5.0
8th grade	10.5	18.4	14.7	11.8	11.9
10th grade	18.6	22.7	23.6	19.0	20.7
12th grade	19.7	26.3	24.5	24.7	23.1
Any illicit drug, excluding inhalants*					
6th grade	--	4.3	3.7	2.4	2.7
8th grade	--	15.7	13.0	10.3	10.5
10th grade	--	22.0	23.3	18.6	20.0
12th grade	--	25.9	24.3	24.5	22.9
Marijuana					
6th grade	0.5	3.4	2.6	1.3	1.3
8th grade	7.5	14.8	11.8	8.9	9.1
10th grade	16.0	21.2	22.3	17.2	18.4
12th grade	17.9	25.0	23.0	22.7	21.1
Methamphetamine					
6th grade	0.3	1.0	1.0	0.3	0.2
8th grade	1.9	3.0	3.1	1.1	1.2
10th grade	3.2	2.8	3.0	1.6	1.8
12th grade	3.1	2.8	2.3	1.6	1.8
Cocaine					
6th grade	0.3	1.3	1.3	0.4	0.4
8th grade	1.6	3.4	2.6	1.2	1.3
10th grade	2.7	2.7	2.3	1.3	1.2
12th grade	2.4	3.6	1.8	1.5	1.3
Heroin or other opiates					
6th grade	0.2	1.0	0.8	0.1	0.1
8th grade	1.0	2.4	1.8	0.8	0.7
10th grade	1.5	1.4	1.4	0.5	0.7
12th grade	1.4	1.7	0.7	0.5	0.4
Any alcohol use					
6th grade	2.5	14.4	12.0	9.1	7.8
8th grade	15.2	30.2	25.3	22.1	20.4
10th grade	28.8	41.2	37.6	32.5	33.9
12th grade	35.4	46.3	45.0	43.2	43.0

* Includes use of marijuana, inhalants, cocaine, methamphetamine, heroin or other opiates, sedatives or tranquilizers, hallucinogens, steroids, ecstasy/MDMA, GHB, Rohypnol, or ketamine. Ecstasy was first added to the survey in 1998. GHB, Rohypnol, and ketamine were first added to the survey in 2002.

Source: *Ka Leo Na Keiki, The 2002 Hawai`i Student Alcohol, Tobacco and Other Drug Use Study (1987-2002) Hawai`i Adolescent Prevention and Treatment Needs Assessment Executive Summary* (2003), Table 2.

Table 4. Daily Prevalence of Various Substances for Hawai`i 6th, 8th, 10th, and 12th Graders: 1996 to 2002

[In percentages.]

SUBSTANCE	1996	1998	2000	2002
Any illicit drug, including inhalants*				
6th grade	1.2	1.0	0.5	0.5
8th grade	4.0	3.4	2.0	2.2
10th grade	5.2	5.3	4.0	4.9
12th grade	7.3	5.7	5.1	5.4
Any illicit drug, excluding inhalants*				
6th grade	0.8	0.7	0.4	0.3
8th grade	3.6	3.1	1.9	2.1
10th grade	4.9	5.2	4.0	4.8
12th grade	6.7	5.7	5.1	5.4
Marijuana				
6th grade	0.7	0.4	0.2	0.2
8th grade	3.1	2.4	1.5	1.6
10th grade	4.2	4.7	3.4	4.4
12th grade	6.4	5.2	4.6	4.8
Methamphetamine				
6th grade	0.2	0.1	0.0	0.1
8th grade	0.9	0.5	0.1	0.1
10th grade	0.8	0.6	0.3	0.2
12th grade	0.6	0.4	0.3	0.3
Cocaine				
6th grade	0.4	0.2	0.1	0.0
8th grade	1.1	0.6	0.2	0.1
10th grade	0.8	0.6	0.1	0.2
12th grade	0.9	0.1	0.2	0.2
Heroin or other opiates				
6th grade	0.3	0.1	0.0	0.0
8th grade	0.9	0.4	0.1	0.0
10th grade	0.7	0.4	0.1	0.1
12th grade	0.6	0.1	0.2	0.1
Any alcohol use				
6th grade	0.9	0.9	0.7	0.5
8th grade	3.1	2.8	1.6	1.8
10th grade	3.8	3.8	2.4	2.5
12th grade	4.7	3.2	3.5	3.3

* Includes use of marijuana, inhalants, cocaine, methamphetamine, heroin or other opiates, sedatives or tranquilizers, hallucinogens, steroids, ecstasy/MDMA, GHB, Rohypnol, or ketamine. Ecstasy was first added to the survey in 1998. GHB, Rohypnol, and ketamine were first added to the survey in 2002.

Source: *Ka Leo Na Keiki, The 2002 Hawai`i Student Alcohol, Tobacco and Other Drug Use Study (1987-2002) Hawai`i Adolescent Prevention and Treatment Needs Assessment Executive Summary* (2003), Table 3.

Table 5. Comparison of Nationwide[10] versus Hawai`i Substance Usage Rates by Grade, 2002

[In percentages.]

SUBSTANCE	Lifetime		30-Day		Daily	
	Nationwide 2002	Hawai`i 2002	Nationwide 2002	Hawai`i 2002	Nationwide 2002	Hawai`i 2002
Any illicit drug, inc. inhalants*						
6th grade	--	9.5	--	5.0	--	0.5
8th grade	31.6	22.0	12.6	11.9	--	2.2
10th grade	47.7	40.4	21.7	20.7	--	4.9
12th grade	54.6	49.4	25.9	23.1	--	5.4
Any illicit drug, exc. inhalants*						
6th grade	--	5.2	--	2.7	--	0.3
8th grade	24.5	18.2	10.4	10.5	--	2.1
10th grade	44.6	38.6	20.8	20.0	--	4.8
12th grade	53.0	48.5	25.4	22.9	--	5.4
Marijuana						
6th grade	--	2.6	--	1.3	--	0.2
8th grade	19.2	15.9	8.3	9.1	1.2	1.6
10th grade	38.7	35.8	17.8	18.4	3.9	4.8
12th grade	47.8	46.2	21.5	21.1	6.0	5.4
Methamphetamine						
6th grade	--	0.4	--	0.2	--	0.1
8th grade	3.5	2.0	1.1	1.2	--	0.1
10th grade	6.1	4.2	1.8	1.8	--	0.2
12th grade	6.7	5.3	1.7	1.8	--	0.3
Cocaine						
6th grade	--	0.4	--	0.4	--	0.0
8th grade	3.6	2.1	1.1	1.3	--	0.1
10th grade	6.1	3.1	1.6	1.2	--	0.2
12th grade	7.8	4.5	2.3	1.3	--	0.2
Heroin or other opiates						
6th grade	--	0.3	--	0.1	--	0.0
8th grade	1.6	1.0	0.5	0.7	--	0.0
10th grade	1.8	1.3	0.5	0.7	--	0.1
12th grade	1.7	1.4	0.5	0.4	--	0.1
Any alcohol use						
6th grade	--	20.0	--	7.8	--	0.5
8th grade	47.0	42.5	19.6	20.4	0.7	1.8
10th grade	66.9	64.7	35.4	33.9	1.8	2.5
12th grade	78.4	75.4	48.6	43.0	3.5	3.3

* Includes use of marijuana, inhalants, cocaine, methamphetamine, heroin or other opiates, sedatives or tranquilizers, hallucinogens, steroids, ecstasy/MDMA, GHB, Rohypnol, or ketamine. Ecstasy was first added to the survey in 1998. GHB, Rohypnol, and ketamine were first added to the survey in 2002.

Source: *Ka Leo Na Keiki, The 2002 Hawai`i Student Alcohol, Tobacco and Other Drug Use Study (1987-2002) Hawai`i Adolescent Prevention and Treatment Needs Assessment Executive Summary* (2003), Table 4.

Treatment

The *2003 Hawai`i High Intensity Drug Trafficking Area (HIDTA) Drug Threat Assessment*, citing information from the Treatment Episode Data Set (TEDS)[11], states that treatment for methamphetamine abuse showed a threefold increase from 1993 through 2000. Admissions for marijuana abuse have also shown a dramatic increase for the same time period.

Table 6. Admissions for Drug/Alcohol Treatment, Hawai`i: 1993 - 2000

SUBSTANCE	# OF ADMISSIONS			POINTS OF INTEREST
	1993	Peak Year	2000	
Methamphetimine	498	--	1,548	• Those admitted to treatment for methamphetamine abuse accounted for 13.0% of all admissions in 1993, compared with 27.3% in 2000. However, many abusers who seek treatment are not admitted because most state-funded treatment programs are operating at maximum capacity. • In 2000, 8.5% of individuals admitted to treatment facilities for methamphetamine abuse were 17 years or younger compared with 73.8% of treatment admissions for individuals 21 to 40 years old.
Marijuana	654	1999 – 1,257 admissions	1,150	• In 2000, admissions for marijuana abuse accounted for 20.3% of all treatment admissions in Hawai`i. • Those admitted primarily for marijuana abuse also typically abuse other substances such as alcohol or methamphetamine. • In 2000, individuals 17 years or younger accounted for 69.8% of treatment admissions for marijuana abuse.
Cocaine	402	1996 – 692 admissions	364	• It is unclear whether decreasing admissions for cocaine abuse are related to a corresponding increase in the number of admissions to public treatment facilities for crystal methamphetamine abuse, to a lack of state-funded treatment beds in Hawai`i, or to both.
Heroin	183	1998 – 429 admissions	313	

Source: *2003 Hawai`i High Intensity Drug Trafficking Area (HIDTA) Drug Threat Assessment.*

Approach to the Problem in Hawai`i

WHY WE NEED A DIFFERENT APPROACH

Each of us has a critical role to play in tackling the drug and underage drinking problem. We can pull together, or we can pull separately and apart—but we believe that the State, as a whole, is unified in principle. The illicit drug and underage drinking problem has been the source of numerous and diverse opinions, solutions, and strategies. Regardless, we believe that there is strength in diversity, and strategies need to be multi-faceted and integrated in order to achieve our objectives. The force that draws us together is the unity of purpose that lies at the core of the Hawai`i Drug Control Strategy – the belief that the toll of human suffering and tragedy is far too high.

Time and again, the same questions surface. *How can we work together in the best interests of our State? Is there a better way to approach the problem? Why do so many drug initiatives and policies plateau after a short time and fail to show real progress?*

In light of these disappointing false starts, people in general have become more cynical at the prospect of yet another new and improved strategy. It is relatively easier to paint a bleak picture despite the advancements in science, research, education, healthcare, and investments in infrastructure. Now is the time to take advantage of the momentum of thousands of Hawai`i's residents who have taken a stance against illicit drug use in our community.

EFFECTIVE CHANGE THROUGH SYSTEMS THINKING

It is clear from the Hawai`i Drug Control Strategy Summit and "Talk Story" sessions that drug and alcohol problems do not occur in isolation but are interlinked with a range of social issues and casual roots. The Summit and other venues of community input challenged our preconceptions, expanded our horizons, and provided a reference point for local planning and action.

Applying what we have learned, we believe that the philosophical basis of the Hawai`i Drug Control Strategy would best be served by using a systems thinking approach. Systems thinking offers the means for effective change by bringing together diverse stakeholders and capitalizing on their strengths and assets. This approach links and coordinates drug and alcohol-related strategies, avoids repetition of efforts, and ensures

integration, consistency, and sustainability.

Systems thinking originated from corporations built on vision, teamwork, openness, and flexibility. Known as "learning organizations," these institutions have the ability to act under changing conditions and encourage an atmosphere where people take responsibility for a shared future.[12] Moreover, the methodology is a circular approach to problem solving and looks at issues as systemic wholes. Rather than a simple cause and effect design, systems thinking emphasizes the interrelatedness of all variables. It requires that we look at the entire picture instead of sequential, discrete solutions and endorses a cohesive, multilayered and balanced approach.

Foremost is the premise that we are all interconnected and interdependent. In one way or another, we all have been or know someone who has been touched by the illicit drug problem. As a State, we must join together and take action collectively. We are influenced by drug and alcohol-related problems all around us, and the actions of government, communities, families, and individuals all play a role. Bipartisan cooperation among the three branches of government, law and policy makers, and concerned citizens is vital to achieve the desired outcomes.

In addition, we contribute to how systems relate. Whatever we do or do not do shapes the quality of our lives. The more we understand about the systems that affect the problem, the better we can determine the types of actions that are needed. By mapping out systems structures, the community can reach a deeper understanding and identify areas that would lead to better outcomes.

Systems thinking further represents a change in how policies and interventions are implemented and how resources are allocated. The model assesses underlying structural relationships or patterns of behavior over time by examining forces that sustain or restrain interventions and any unintended consequences. It allows us to recognize that "quick fixes" can divert attention from the fundamental problem and may simply be "band aids" rather than a cure.[13] Easy solutions often lead to grave consequences, especially when the symptom of the problem is removed without dealing with underlying causes.

As we change our approach to the problem, we need to also revise our views on leadership. Whereas organizations once relied on management-driven initiatives, it is widely recognized that collaborative approaches to develop strategy and resolve problems are more effective. Leadership no longer has to follow prescribed hierarchy or lines of authority. Although government traditionally has set policy, we believe that leadership can arise out of community involvement. Communities can influence their own destiny and thus demonstrate the political will necessary to deal with the drug and alcohol problem. No single entity or strategy is the answer.

Increasing system effectiveness will lead to positive changes in our neighborhoods and communities. In turn, a greater sense of well-being throughout our community will nurture improved interpersonal relationships. The natural consequence of better relationships is an environment that promotes creativity in thinking, healthy lifestyles, and supportive partnerships. The concept is one of a reinforcing engine of success.

By adopting systems thinking, the State can cross customary boundaries to maximize efforts, make the best use of scarce resources, and extend community efforts and alliances to channel the current level of community concerns into action. To endure, we must look at building and sustaining collaborative networks. Partnerships do not imply agreement on everything, but it is important to identify and focus on areas of agreement to move forward.

PRIORITIES FOR CONSIDERATION

What this Strategy aims to establish is the mechanism for the action planning process—a systems thinking approach. The content or primary considerations will stem from the recommendations generated from the Summit and discussed in the following section.

These recommendations parallel the traditional priority areas of prevention,[14] treatment, and law enforcement; however, we expect that the inclusiveness and wide-ranging process of systems thinking will bring a different perspective that is more multi-dimensional in outlook. We understand the urgency within each of these areas, but strongly advise that they be considered within the context of the whole system. With increasingly fewer resources, formalized mechanisms are not in place to nurture collaborative relationships that would maximize assets among government, communities, and agencies.

Prevention will continue to be the Administration's first line of defense against illegal drug use and underage drinking. Effective drug prevention programs are long-term, comprehensive, and designed to prevent use of any category of illicit drugs. They include a wide array of components rather than a single strategy or curriculum.[15]

Secondly, there is an expectation that a range of treatment services will be accessible, regardless of age, race, gender, sexual preference, and location. Unfortunately, estimated treatment needs for adults and adolescents in Hawai`i far outstrip treatment slots currently available. Provision of adequate and appropriate levels of treatment, community-based services, and continuity of care can only be realized through multiple collaborations and partnerships involving government, community organizations and the private sector.

Thirdly, law enforcement and the criminal justice system must be linked to community-wide drug prevention efforts, targeting youths and families in rural as well as urban communities. The criminal justice system must be attentive to issues of access to treatment (both community-based and corrections- based) and must provide the measured criminal justice sanctions that will help drug abusers seek treatment and achieve successful outcomes.[16]

Again, what is required is "a cohesive, multilayered and balanced approach." As a useful conceptual umbrella, the Strategy will link and coordinate drug and alcohol related initiatives to avoid duplication and ensure integration of various efforts. Clearly, no single tactic pursued alone or to the detriment of other initiatives can work to contain or reduce illicit drug use. We will have to move forward on several paths at once if we are to be successful.[17]

We expect that the Strategy will evolve and change over time. An integral part of the plan is its ability to grow and reflect the specific needs of communities. What will remain constant will be its ability to provide clear focus, direction, and common ground for our future endeavors.

Strategic Framework

The framework of the *Hawai`i Drug Control Strategy: A New Beginning* is grounded in our primary aim to rise above politics and organizational interests to achieve the greater good. The Strategy proposes a shift in the approach to the illicit drug and alcohol problem in Hawai`i— away from categorical and crisis-oriented to holistic, integrated and comprehensive.

MISSION

Our mission is to reduce harm to our community by responding to the unique prevention, treatment, criminal justice, and law enforcement needs associated with drug distribution, illicit drug use and underage drinking. Drawing upon government-community partnerships, the Strategy will reduce the factors that put residents at risk for substance abuse and increase protective factors to safeguard the people of Hawai`i from the negative consequences associated with illicit drug use and underage drinking.

GOALS

The goals of the Hawai`i Drug Control Strategy mirror those of the National Drug Control Policy and seek to:

- Prevent illicit drug use and underage drinking before they start.
- Treat drug and alcohol abusers.
- Disrupt the distribution of illicit drugs.

BENCHMARKS

The Strategy urges the adoption of benchmarks to monitor progress towards achieving our goals. Benchmarks will help us determine effectiveness by ascertaining what works and what does not work and whether the objectives and priorities are being met. Actions should reflect evidence-based practices derived from research and evaluation, including assessment of systems effectiveness. Currently, however, measuring results has proved to be difficult. There is an absence of a comprehensive and integrated data infrastructure, consistent protocols, data reporting methods, and data collection. Without this information, basic questions as to whether we are making progress cannot be answered. Logic dictates that a better informed community contributes to informed policy and informed resource allocation.

Benchmarks will provide a blueprint for improving the illicit drug and underage drinking problem and serve as a guide to Hawai`i's future. For Hawai`i to realize its goals, approaches and appropriate performance indicators need to be determined around the benchmarks and the results monitored and reviewed on a regular basis.

GUIDING PRINCIPLES

The guiding principles are based on a set of values and ideas that underpin the systems thinking approach. Together, they propose that we:

- View the problem holistically and use a cohesive, multilayered and balanced approach.
- Define problems, make effective decisions, and improve performance.
- Urge closer community involvement.
- Support a diversity of perspectives and opinions throughout the planning and implementation process and capitalize on the strengths of key stakeholders.
- Improve and optimize interconnectedness within the whole system.
- Build and sustain networks of collaboration across established boundaries.
- Tap into the potential of systems to achieve better outcomes.
- Recognize that 'quick fixes' or short-term solutions may have grave consequences.
- Develop process and formative evaluations necessary to determine effectiveness of the strategic framework.
- Advocate exemplary, research-based 'best practices' and evidenced based outcomes.

RECOMMENDATIONS AND COMPELLING CASES FOR ACTION FROM THE HAWAI`I DRUG CONTROL STRATEGY SUMMIT

In September 2003, Lieutenant Governor James R. Aiona, Jr. convened the Hawai`i Drug Control Strategy Summit to develop and refine the *Hawaii Drug Control Strategy: A New Beginning*. The Summit was convened to provide a common starting point, to engage people in a collaborative effort, and generate strong recommendations for an integrated statewide approach to help remedy the problems associated with illicit drug use and underage drinking in our communities.

Four hundred representatives from prevention, treatment, community mobilization, military, business, faith-based, legal, mental health, and law enforcement organizations were invited to attend. Over the course of three days, plenary sessions offered a comprehensive examination of national and local key issues. The actual work of the conference, however, was accomplished in the facilitated breakout sessions.

Participants were encouraged to broaden their viewpoints and formulate concrete recommendations. It was anticipated that an outcome of the Summit would be a shared vision that would serve as the foundation on which to build mutually supportive relationships.

Specifically, the Summit was organized in the following manner:

Monday, September 15, 2003

Developing a Context for Decision Making Through Information and Learning. Plenary sessions concentrated on information sharing to build a common context. Topics ranged from the *National Drug Control Strategy* to *Partnership for a Drug Free America* as well as *Drug and Alcohol Use: The Epidemic, Current Policies and Policy Initiatives in Hawai`i*. At the conclusion of the presentations, a total of 400 participants were involved in Café Conversations. Sixty separate tables were arranged with designated table hosts to permit small groups to engage in a brief period of conversation and synthesis of the day's information. The conversations were self-facilitated by the participants.

Tuesday, September 16, 2003

Analyzing the Data and Developing Strong Recommendations. Participants were assigned to one of 17 homogenous working groups, primarily based on similar disciplines of treatment, prevention, community mobilization, and law enforcement/criminal justice. To the extent possible, each working group had a balance of perspectives drawn from the variety of professionals and community members in attendance.

Forty-one trained and skilled facilitators guided deliberations through a process called Force Field Analysis that examined restraining and sustaining forces that hindered or supported addressing the issues of underage drinking and illicit drug use. Participants were then able to consider the best and worst case scenarios as well as the current reality of Hawai`i's present crisis.

Having analyzed the issue, the participants proceeded to draft a recommendation and began building a compelling case for action to effect positive change. Compelling cases explained what made each recommendation strategic and identified the consequences of not acting on the recommendation.

An evening work group then examined the recommendations for overlapping themes and interrelationships.

Wednesday, September 17, 2003

Refining the Recommendations and Preparing for Action. Recommendations were grouped by thematic area. Participants essentially assigned themselves to one of the themes to focus on the entire day. These self-selected breakout groups determined which one or two recommendations would most effectively move Hawai`i forward.

Eleven recommendations were announced at the closing session of the Summit. Compelling cases for action explained what made each recommendation strategic and identified the consequences of not acting on the recommendation.

Recommendations were categorized along seven themes—community, coordinated efforts, multi-sector collaboration, centralized body, treatment philosophy, treatment access, and legal changes.

The recommendations and compelling cases are taken verbatim from the Summit proceedings. No alterations have been made to the content, opinions, or grammar.

Table 7. Recommendations and Compelling Cases for Action

THEME/RECOMMENDATION	COMPELLING CASE FOR ACTION
Community **Recommendation #1** We the communities of Hawai`i, in the Spirit of aloha, will be equal voices and partners in designing, developing, and deciding strategies, resources, and systems of allocation to attain and sustain all our agreed upon goals.	◆ Current policy is not working. The whole system is not working. ◆ Start at family and community level, and don't rely on government. ◆ We can't afford not to do it; we are losing a generation. ◆ This recommendation will be a tool for other teams' recommendations to implement and deliver. ◆ Create a social change, back to family values. ◆ Most of community does not use, but is affected by those who do. ◆ Without this recommendation, others will fail. ◆ Loss of community support, loss of faith, loss of trust.
Recommendation #2 Communities will create and develop action groups/summits with inclusive, diverse representation to strategize and mobilize to access resources that will foster and support safe and healthy ohana units.	◆ The Administration will make available funds, personnel, facilities, media resources, etc., for this recommendation to be accomplished. ◆ Allow diverse communities to gather. ◆ Promotes sustainability. ◆ Provides immediate feedback. ◆ Creates ownership. ◆ Safe and healthy community is defined as no abuse of drugs, alcohol, tobacco, other drugs, property or persons.

Table 7. Recommendations and Compelling Cases for Action (cont'd)

THEME/RECOMMENDATION	COMPELLING CASE FOR ACTION
Coordinated Efforts Support community building coalitions to leverage and coordinate resources that are responsive to community needs and efforts that reduce, prevent, and eliminate drug related problems. We will employ strategies that are: • Culturally and gender sensitive • All inclusive • Respectful of locally designed geographic areas • Active and effective	◆ Accountability ◆ Ensure planning happens at the community level with continued support and technical assistance for that process ◆ Enhances community cohesiveness ◆ Inclusive vs. exclusive approach (re-integrative) ◆ Communities identify their own risk and protective factors
Multi-Sector Collaboration Establish community based state-supported collaboration that will strengthen and expand a continuum of services that is culturally sensitive, utilizing promising and best practices.	The way we plan, implement and deliver services is under-coordinated and fragmented. This recommendation is strategic because it: • Builds on what works • Avoids duplication • Develops a full continuum of services from prenatal to adults, and is available to all communities • Maximizes funding and other resources • Respects the unique community identity
Centralizing Body **Recommendation #1** Create a Hawai`i Substance Abuse Commission endorsed by all three branches of government and comprised of Executive, Legislative, Judicial, Public, Private, Community and Consumer representation. The purpose of the commission is to: • Create a state philosophy and guiding principles • Establish and coordinate accountability processes • Assure collaboration and cooperation between all stakeholders • Recommend funding priorities • Promote evidenced-based practices • Serve as an advocate on the issue	◆ Ability to acquire funds through administration, infrastructure support ◆ Centralized leadership to make sure fighting war against drugs ◆ Designate that community must be geographically designated in advisory councils ◆ Develop minimum standards – good programming and checks and balances ◆ Problem solving group not necessarily requiring money ◆ Expanded capacity and verifiable outcomes ◆ Opportunity to bring together experts and resources ◆ Able to identify comprehensive array of services for opportunities and gaps ◆ Institutionalize purpose and work of body to live beyond change in administration ◆ Client centered ◆ Explore different solutions and approaches

Table 7. Recommendations and Compelling Cases for Action (cont'd)

THEME/RECOMMENDATION	COMPELLING CASE FOR ACTION
Centralizing Body **Recommendation #1 (cont'd)**	◆ One body representing three bodies of government ◆ Outcomes focused with different approaches ◆ Provide data – what's working here locally ◆ Alternative to "best practices" is evidenced-based practice
Recommendation #2 ◆ Two pronged ◆ Appoint a temporary director as soon as possible to: • Oversee and provide necessary follow-up of all of the Summit recommendations, and • Have legislation prepared for the 2004 session to establish an executive branch level office or body.	This office/body will have the following responsibilities: • Develop a mission, vision, and a set of core values that underlie drug policy regarding culturally appropriate prevention, intervention, and treatment. • Consolidate relevant State departments, divisions, and agencies to: implement the mission, vision, and core values of the established office, and coordinate services to reduce fragmentation, etc. • Serve as resource for State, County, and community efforts and private sector, business, non-profits and faith-based organizations. • Integrate or expand existing information system. • Coordinate and disseminate information, research, and training on best practices that enhance drug policy relevant to prevention, treatment, intervention, etc. • Advocate for legislation that would strengthen laws to back the State's mission, vision, and core values of this office/body. • Oversee fund development and distribution.
Treatment Philosophy ◆ As a disease, substance abuse is a public health problem. Therefore, the effective treatment approach must include: • Person-centered model • Diversity of services and methodology • Adequate funding based on individual needs	The ice epidemic is public health emergency requiring an immediate public health response. In order to allow centralized planning, development, prioritizing, and allocation of resources, there must be a single point of authority and accountability for dealing with substance abuse issues.

Table 7. Recommendations and Compelling Cases for Action (cont'd)

THEME/RECOMMENDATION	COMPELLING CASE FOR ACTION
Treatment Philosophy (cont'd) ◆ Furthermore, we recommend: Strategies to increase funding include: • Asset forfeiture to establish an emergency fund for treatment • Full and comprehensive parity for substance abuse treatment for youth and adults • Federal grants should be pursued aggressively (dedicated grant writer) • Demand reduction assessment fund collected in every case • Private sector initiatives ◆ All government agencies must adopt this public health model (DPS, DOH, DHS, DOE, etc.)	
Treatment Access **Recommendation #1** The State of Hawai`i will provide optimal funding for comprehensive treatment on demand to the people of Hawaii of all age groups to assure: • Expanded treatment capacity • Evidenced-based treatment and best practices • Availability and accessibility • Program diversity • Responsiveness to age, gender, and gender identity, geography and culture • Sufficient length of stay through recovery continuum • Pono (Right) → Right person → Right treatment → Right time **Recommendation #2** To ensure adequate funding and services from public and private sources to provide a full continuum of comprehensive, appropriate, effective and efficient substance use disorder treatment to all people who want/need services without discrimination.	The community has spoken and it has the ear of legislators and the administration. We are prepared, treatment services are in place, and we know that treatment works. The community is mobilized. This recommendation is one that has wide appeal, supports an integrated system, addresses the barriers, and supports best practices.

Table 7. Recommendations and Compelling Cases for Action (cont'd)

THEME/RECOMMENDATION	COMPELLING CASE FOR ACTION
Legal Changes **Recommendation #1** Change state laws to enhance society's ability to eliminate alcohol abuse and drug use. Changes are needed in the following areas: • Empowering parents • Free parents to be parents by: → refining domestic abuse laws for parents and children. → reviewing and enacting effective laws to allow parents to guide the behavior of their children. • Empower justice system/Increase collaboration • Review and enact effective laws for enforcement, rehabilitation and implementation, i.e., → stop drug supply → wire taps and search seizures → effective police tools → mandatory treatment. **Recommendation #2** Provide law enforcement with the laws and means necessary to arrest and prosecute drug dealers; and provide judges with the laws and means for appropriate sentencing of drug dealers and users, consistent with civil liberties.	◆ Law enforcement needs support from the state and community. ◆ Federal and state laws need to be compatible. ◆ Public needs to have confidence in law enforcement and judicial system. ◆ Importation of ice and other dangerous drugs in Hawai`i is a serious problem that demands adequate law enforcement responses. ◆ Elimination of the source will help protect our children. ◆ The seriousness of the problem demand new/and or reallocated funding, appropriate authority, staffing, judicial discretion, training, etc. ◆ Appropriate sentencing options should help stop the revolving door. ◆ Effective law enforcement and sentencing should reduce family breakdown, property crimes, and domestic violence. ◆ The system needs to deal with drug users and drug dealers differently.

We appreciate that the commitment and hard work demonstrated by Summit participants were considerable, and thoughtful, intensive dialogue was required to reach these recommendations. Program providers, drug treatment experts, and criminal justice representatives came together to share their collective knowledge and experience. Their perspectives were blended with the equally important and valid views of families, users, faith-based organizations, and Native Hawaiian groups.

The work will continue. The recommendations are just the first steps, and the community's expertise and assistance will be called upon to further consider these recommendations and reach decisions that will truly impact the quality of lives of those we serve.

Towards a New Beginning

ACTION STEPS

The action planning process acknowledges that illicit drug use is a complex issue. We advocate that systems addressing illicit drug use and underage drinking incorporate the guiding principles and build on community assets to resolve problems. By doing so, we can reclaim much of the vitality that has been lost through the years.

Ad hoc advisory committees will be convened to undertake the planning process. Planning will encompass nine action steps and take place over the course of the next year.[18] These steps are:

Action Step 1

Clarify the vision—Establish a clear vision, mission, goals, and benchmarks that are compelling for everyone, otherwise improvements will only be temporary and incomplete.

Action Step 2

Create a transition plan—Explore what steps are necessary to achieve the vision and establish a timeframe.

Action Step 3

Identify underlying problems—Instead of taking a narrow view of the immediate problem or crisis, recognize the interrelatedness of the issues and the dynamics surrounding the problem.

Action Step 4

Map 'quick fixes'—Identify previous interventions and strategies that have been used to tackle the problem and determine whether they were appropriate and adequate.

Action Step 5

Identify impact on others—Recognize how various actions, strategies, and solutions may have unintended consequences and may impact others differently.

Action Step 6

Identify solutions—Find solutions that will fundamentally address the problem(s) by looking at the situation from a systemic perspective.

Action Step 7

Develop a centralized data collection system—Design an appropriate data information system to disseminate findings and develop priorities for funding.

Action Step 8

Link resource allocation to measurable outcomes—Base resource allocation on consistent, standardized measurable outcomes to improve accountability.

Action Step 9
Draft an action plan—Finalize an action plan in accordance with the planning process.

COORDINATING THE ACTION PLANNING PROCESS

The Strategy proposes a new type of organizational structure that gets to the heart of the problems associated with illicit drug use and underage drinking. Under the leadership of the Lieutenant Governor, this structure would consist of several ad hoc advisory committees to facilitate the action planning process. The challenge will be to establish an effective means of governance (monitoring, evaluation, steering) with the understanding that these efforts would seek to abolish or at least minimize fragmentation of services, duplicative efforts and the lack of accountability both within and outside of government, at all levels.

The difference between this organization and the norm is the principle of widespread community participation. For instance, the first task of the ad hoc advisory committees will be to focus on and refine the eleven recommendations that emerged from the Hawai`i Drug Control Strategy Summit. Their direction and focus is the result of the concerns and work of the Summit participants, and their course of action will equally be influenced by community input.

It will require renewed collaborative energy so that all stakeholders share the responsibility for addressing the problem and reaping the benefits of change. Every effort must be made to involve as many people as possible in the change process itself—the more people committed to the approach, the greater chance of success. Government needs to alter its management style, from top-down planning to grass-roots involvement, thereby enabling families and communities to be an integral part of developing strategies to reduce illicit drug use and underage drinking in Hawai`i.

We emphasize that the Strategy is an ongoing work in progress that will be evaluated on a regular basis and will evolve to reflect the changing needs of communities. The inherent quality of adaptability will allow the Strategy to remain vital and dynamic, while active and continuous community involvement and advisory committees will ensure that objectives are being met.

END NOTES

[1] For clarity and consistency, the *Hawai`i Drug Control Strategy: A New Beginning* may also be identified as the Strategy. Also, the Hawai`i Drug Control Strategy Summit may be referred to as the Summit.
[2] Forums were conducted on O`ahu, Maui, Kaua`i, and the Big Island prior to the Hawai`i Drug Control Strategy Summit; however, the Lieutenant Governor visited Moloka`i and Lana`i after the Summit.
[3] Information for this section on illicit drugs consists of citations and excerpts from the *2003 Hawai`i High Intensity Drug Trafficking Area (HIDTA) Drug Threat Assessment*.
[4] *Monitoring the Future: National Results on Adolescent Drug Use: Overview of Key Findings, 2000*.
[5] *Ka Leo Na Keiki, The 2002 Hawai`i Student Alcohol, Tobacco, and Other Drug Use Study (1987-2002) Hawai`i Adolescent Prevention and Treatment Needs Assessment*.
[6] Lifetime use is defined as use at least once in a student's lifetime.
[7] 30-Day is defined as use at least once in the past 30 days.
[8] Daily use is defined as use on 20 or more occasions in the past 30 days.
[9] Survey efforts assessed adolescent treatment needs in the State using the *Diagnostical Statistical Manual for Psychiatric Disorders, Third Edition Revised* (DSM-III-R) criteria for substance abuse and dependence. Because of the high likelihood that substance abuse by adolescents will turn into a dependency problem, students are considered needing treatment, or at least screening for treatment, if they meet either a dependence or abuse diagnosis for any of the five substance classifications.
[10] Nationwide indicates *2002 Monitoring the Future Study*.
[11] TEDS comprises data on treatment admissions that are routinely collected by states to monitor their individual publicly funded substance abuse treatment systems. TEDS consists of a minimum data set of 19 items collected by nearly all states and a supplemental data set of 15 items collected by some states. The minimum data set consists of demographic information, route of administration, ethnicity, and age.
[12] Kim, D. (1994). *Systems Archetypes II: Using Systems Archetypes to Take Effective Action*.
[13] Ibid.
[14] Prevention did not emerge as a separate strong recommendation at the Summit. This issue will be explored during the action planning process.
[15] *Methamphetamine Interagency Task Force— Federal Advisory Committee Final Report.* (2000).
[16] bid.
[17] Office of National Drug Control Policy. (1999) *The National Drug Control Strategy: 1999*.
[18] Some of the proposed steps have been adapted from Kim, D. (1994). *Systems Archetypes II: Using Systems Archetypes to Take Effective Action.*

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